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Execution Year Funding

FY05 UFRs

AF Digital Dental Radiology Enterprise Initiative

BACKGROUND:

HQ/SGD directed conversion of conventional to digital dental imaging to enable acquisition, archiving, storage and networking for the dental treatment of a global Air Force. Outfitting over 80 Dental Treatment Facilities and 1250 treatment rooms worldwide with acquisition/viewing stations for Dental Care Optimization (DCO).

ADJUSTMENT:

Start-up costs for FY03/FY04 software licenses, computer equipment for treatment rooms, acquisition devices/hardware, training and support

FUNDING ($M): PEC	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
CURRENT PROGRAM	0	0	0	0	0	0
ADJUSTMENT	29.3	2.8	2.8	2.8	2.8	2.8
REVISED PGM TOTAL	29.3	2.8	2.8	2.8	2.8	2.8

PROCUREMENT	FY03	FY04	FY05	FY06	FY07	FY08
Training/support	1.5M	1.5M	1.5M	1.5M	1.5M	1.5M
Hardware	13.3M	100K	100K	100K	100K	100K
Software	2.2M	0	0	0	0	0
Computer equip	9.13M	0	0	0	0	0
Equipment	2.87M	1M	1M	1M	1M	1M
Administrator	300K	300K	300K	300K	300K	300K

MANPOWER	FY03	FY04	FY05	FY06	FY07	FY08
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0

If Applicable

IMPACTS:

- Enterprise wide digital imaging is critical to maximize return on investment of DCO
- Standardization of dental technology eliminates proprietary software
- Facilitates accurate and timely diagnosis and treatment planning; critical for geographically separated clinics and deployed forces during military and homeland defense contingencies
- Eliminates chemical film processing and disposal of RCRA hazardous wastes (e.g. Pb, Ag)
- Allows the creation of a web-based electronic repository dental radiographs for all AD and ARC personnel
- Creates database available for forensic identification and population health studies

POC:Col Basden/Flint HQ/AETC

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Budget FY06-07 Issues

Cost & Offsets For Dental Care Optimization (DCO)

BACKGROUND:

DCO is a radically different (from traditional military system), more efficient multi-chair healthcare delivery system that can be as productive with fewer dentists by leveraging civilian-like business practices (e.g. effective scheduling & more robust support staff) using technology and by maximizing the dentist's chair time.

ADJUSTMENT:

Adj in POM: Cl 1/65% DC TOA, TOA from MedOps DC auth trade, & projected TOA from future DC auth trades. Only have info on Cl 1 TOA thru FY09. Remaining needs could be offset by existing contract TOA.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
PROJECTED PRG COSTS	2.48	4.12	6.64	8.90	12.64	17.83	21.82	28.36
ADJUSTMENT (Offsets)	2.40	4.12	6.89	7.35	14.91	15.43	16.69	20.94
REV PGM TOTAL	0.0	0.0	(0.25)	1.55	(2.27)	2.40	5.13	7.42

PROCUREMENT	FY03/04 FY11	FY05	FY06	FY07	FY08	FY09	FY10
Karta/Consultant	790	274	288	0	0		
Support Contracts	0	2,940	4,888	6,589	9,801	12,695	
MilPers	0	0	0	1,080	2,000	2,670	
Equipment	1,559	0	800	680	790	1,115	
Supplies	46	872	630	505	717	1,269	
Training	0	32	48	50	52	22	
Total	2,395	4,118	6,644	8,904	12,640	17,810	

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OE	0	0	0	0	0	-22	0	-25
E								
EN	0	0	0	0	0	-46	-71	-87
MC								
TV	0	0	0	0	0	-43	88	88
K (Supp)								
	0	0	0	0	0	-82	105	138
	0	0	0	0	0	0	-0	-24
	0	0	0	0	0	-0	-25	-0
	0	0	0	0	0	4	12	35
	0	0	0	0	0	2	0	0
	0	0	0	0	0	52	18	18
	0	0	0	0	0	0	-24	-15
	0	0	0	0	0	186	209	269
	0	0	0	0	0	0	-10	-22
	0	0	0	0	0	186	209	269
	0	0	0	0	0	0	-22	-0
	0	0	0	0	0	0	-25	-0
	0	0	0	0	0	0	-0	-25
	0	0	0	0	0	-22	0	-25
	0	0	0	0	0	-46	-71	-87
	0	0	0	0	0	-43	88	88
	0	0	0	0	0	-82	105	138
	0	0	0	0	0	0	-24	-15
	0	0	0	0	0	0	-10	-22
	0	0	0	0	0	0	-0	-24

Cost & Offsets For Dental Care Optimization (DCO)

ADJUSTMENT: Adj in POM: Cl 1/65% DC TOA, TOA from MedOps DC auth trade, & projected TOA from future DC auth trades. Only have info on Cl 1 TOA thru FY09. Remaining needs could be offset by existing contract TOA.

Funding Lines Total	$0.0	$6.89	$7.35	$14.91	$15.43	$16.69	$20.94

PE	APPN	COST	Commodity	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011
			Cl 1/65% (DC)	0.0	5.45	5.76	6.11	3.91	0.0	0.0
			Med Ops trade	0.0	1.44	1.59	1.75	1.93	2.13	2.34
			Future DC trades	0.0	0.0	0.0	7.05	9.59	14.56	18.60
			MMSO PGM Total	25.5	20.25	18.21	14.97	12.46		

Procurement	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010

XXX

Coordination

Panel Chair: Col King
Panel POC: Col King

IPT Chief: n/a
Program Element Mtr: n/a

Database Manager:n/a
ZBT Manager:n/a

Corporate Dental Application (CDA) (Electronic Scheduler)

BACKGROUND:

The Air Force Dental Service transitioned to the Army Corporate Dental Application (CDA) (electronic appointment scheduler) in FY04. Prior to this, most bases were using paper appointment books. CDA offers not only scheduling capability but the ability to capture productivity data at the point of service enabling support personnel to be utilized in direct patient care.

ADJUSTMENT:

Sustainment costs for AF-wide application of CDA includes support staff comprised of 1 Help Desk Representative; 1 Network Engineer; part-time Web Designer, and part-time Database Analyst.

FUNDING ($M):	FY2004	FY 2005	FY 2006	FY 2007	FY 2008	FY2009	FY2010
CURRENT PROGRAM PEC	0.0	0.0	0.0	0.0			0.0
ADJUSTMENT	2.250 0.403	0.354 0.415	0.669	0.681		0.392	
REVISED PGM TOTAL	2.250 0.403	0.354 0.415	0.669	0.681		0.392	

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10
TDY	0.040	0.10	0.005	0.005	0.005	0.005	0.005
Hardware	1.590	0.0	0.300 (Refresh Servers)	0.300	0.0	0.0	0.0
Contracts		0.349	0.344	0.365	0.376	0.387	0.398
Initial Deployment	0.280	0.0	0.0	0.0	0.0	0.0	0.0

(Costs include 4% GSA fee and 3% annual increase)

MANPOWER	FY05	FY06	FY07	FY08	FY09	FY10
OFFICER	0	0	0	0	0	0
ENLISTED	0	0	0	0	0	0
CIVILIAN	0	0	0	0	0	0
CONTRACT	3	3	3	3	3	3

IMPACTS:

- Previous system was inefficient and did not support DCO. The sustainment of this system is crucial until EWS is deployed
- Application of CDA (electronic scheduler) is paramount to Dental Care Optimization as it enables patients to be reappointed and productivity data captured at the point of service freeing personnel currently employed at the front desk, data, etc. to be redeployed in support of direct patient care as a DCO team member
- CDA facilitates dental health records tracking and documentation while providing efficiencies in managing and reporting appointment utilization rates, tracking broken or cancelled appointments and template management
- This system has been deployed AF-wide with increased provider/staff

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POM FY08-13

Tracking Purposes Only

HQ Acct/Civilian Dental Contracts

BACKGROUND:

1996: central DOD contract dev'l to address inadequate dental/assistant staff for family members OCONUS (Cong mandate). AF sent 50 DC/50 enlisted OCONUS & backfilled in CONUS with contractors. Now required to maintain the current level of service (Choctaw Dental Contract) and phase in DCO.

ADJUSTMENT:

Adjustment represents correction for actual TOA expended for RGB/Choctaw contract. YOE/budget years ~12M. Newly negotiated/awarded contract started 1 Mar 2004.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	8.0	8.0	8.95	9.11	9.27	9.44	9.61	9.78
ADJUSTMENT		3.2	2.54	2.72	2.92	X	X	X
REV PGM	?	11.2	11.49	11.83	12.19	X	X	X
TOTAL								

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
none	none							

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	0	0	0	0	0	0	0
ENL	0	0	0	0	0	0	0	0
CIV	0	0	0	0	0	0	0	0
K	121	121	121	121	121	121	121	121
R	0	0	0	0	0	0	0	0

IMPACTS:

IPL: N MAPPG: Y

- Necessary to initiate the proper resourcing of the dental support portion of the dental treatment team (DCO)
- Will hire civilian dental assistants and hygienists, to increase staff:doc ratio and provide stability to team
- Not adequately resourcing DCO will result in a degradation in dental services and/or much increased PSC bills
- Expect 40% & 20% increase in general dentistry & specialty productivity, respectively & 40% decrease in PSC
- A decreased number of dentists in the absence of additional support staff will result in less dentistry being done in the DTF (the best value method to provide dental

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Referred back to MAJCOM

AEGD-2 MASTERS DEGREE PROGRAM FUNDING - GWU

BACKGROUND:

Quality and number of AEGD-2 residents have declined from 16 per class year (1998) to current 5-10 per class. Masters degree will improve competitiveness and attraction of program; maintains parity with comparable Navy program. All enrolled residents are interested. Concurrent credits plus 6 hours satisfy degree requirements.

ADJUSTMENT:

Total cost of program is 2K per year per resident; two classes with max 10 resident per year totals 40K per year beginning 2004. Complete turn-key program with no add-ons or additional fees. First grads possible 2005.

FUNDING ($M):	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
PEC						
CURRENT PROGRAM	0	0	0	0	0	0
ADJUSTMENT	26K	34K	40K	40K	40K	40K
REVISED PGM TOTAL	26K	34K	40K	40K	40K	40K

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09
Item 1						
Item 2						

Not Applicable

MANPOWER	FY04	FY05	FY06	FY07	FY08	FY09
OFFICER						
ENLISTED						
CIVILIAN						

Manpower Neutral Program

IMPACTS:

- Makes AF AEGD-2 program comparable with civilian programs; degree requirement common in leadership roles
- Total Force Development: Gen Jumper's *'Chief's Sight Picture'* (Nov 02) addressed competition for command and leadership positions; calls for resident-level PME with relevant associated advanced degree in field of study
- Standard curriculum satisfies nearly all Masters requirements; only 2 additional GWU courses (6 hours) required
- Additional work will complement program without affecting current requirements; didactic load will be increased

KMC Endodontics Residency Program (YOE/Budget UFR)

BACKGROUND:

USAF/SGD approved new residency program to address problem of high quality applicants who cannot get civilian training. Two students to attend first year didactics/research at Louisiana State University and second year at 81st Medical Group supporting high need DoD eligible patient care. Students arrive KAFB Jun 04!

ADJUSTMENT:

No existing program at KMC, new start. LSU contract renewal plus supplies, equipment.

$M:	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
CURRENT PRG	0	0	0	0	0	0	0	0
ADJUSTMENT	.038	.040	0	0	0	0	0	0
REV PGM TOTAL	.038	.040	0	0	0	0	0	0

PROCUREMENT	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11

MPWR	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11
OFF	0	2	2	2	2	2	2	2
ENL	0	3	3	3	3	3	3	3
CIV	0	0	0	0	0	0	0	0

IMPACTS:

REQUIREMENT: SGD & E&T-Panel approved program. Residents treat AD patients at a high need base. Addresses training (highly selective civ programs/limited spaces) & patient care issues. Civilian partnership.

-Addresses items needed to initiate the clinical portion of the residency. KAFB must be equipment/facility ready to accept residents Jun 04…2 already at LSU. Potential for jeopardizing ADA accreditation. Staff already moved in!!!

-- CRA/procurement delays/MERC testing/contract assembly time/systems integration (digital radiography)/

facility upgrade (wall modification to accept microscopes)

-- Outyear dollars: LSU contract renewal, TDY for residency presentation/conferences, increased supply costs